

Lexington
Fayette
Urban
County
Government



DEPARTMENT OF LAW

OPEN RECORDS REQUEST FORM

Date: _____

Name of Requestor: _____
(Please Print)

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

DOCUMENTS REQUESTED: Please be as specific as possible in describing the documents you wish to inspect. If your inquiry involves real property, please list the address.

Signature of Requestor

Mail, Fax or Hand Deliver to the Lexington Division of Police
c/o Custodian (see website listings at www.lexingtonpolice.lfucg.com/Adm/CRecords.asp)
150 East Main Street • Lexington, KY 40507

Items provided: _____

Signature of LFUCG Representative